

SERVICE PLAN AND ASSESSEMENT FAQ FOR PROVIDERS

Question	Answer	Points to remember	Other comments
1. What makes an Assessment current?	An Assessment should be completed at least every 12 months. For DBHS purposes, Assessments must be completed within the 12 months prior to the end date of DBHS's review period (as scheduled every three months in the BQMO Specifications Manual).	Depending on the RBHA, requirements may vary on the frequency of Assessments, regardless of what DBHS requires.	The assessment is scored if the recipient has an open EOC. If the recipient fits the above criteria, but no assessment was submitted, it was not signed by a BHP within 30 days of the first signature on the document, was not dated, or was not completed within the 12 month review period, all questions in this section are scored NO. If the recipient does not have an open EOC, this section is scored NA.
2. What signatures are required to make an Assessment current as defined by DBHS?	For an Assessment to be current, a BHP signature, including credentials, and date is required.	<p>The Assessment can be completed by a BHT (Assessor), however, the BHP must sign the Assessment within 30 days after the Assessor's (BHT) signature/date in order for the Assessment to be eligible for review.</p> <p>If BHP signature is not dated, or not dated within 30 days of the assessor's signature and date, then it will be scored as not current.</p>	<p>Please note that OBHL requires a BHP signature within 7 days.</p> <p>The credentials/licensure of the BHP must be evident on the Assessment.</p>
3. Who qualifies to represent a BHP?	Any one of the following qualifies to represent a BHP:		

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	a. Psychiatrist b. Behavioral Health Medical Practitioner c. Psychologist d. Social worker e. Counselor f. Marriage and family therapist g. Substance abuse counselor h. Registered nurse with at least one year of full-time behavioral health work experience. i. Meets the requirements of A.A.C. Title 9, Chapter 20		
4. What makes a Service Plan current?	<p>A Service Plan is considered current if it is completed on the same day as the Assessment or after the Assessment. In the event that the Service Plan is completed before the Assessment, it will only be considered current if the completion date does not exceed five business days before the date of the Assessment.</p> <p>A current Service Plan must be completed and be within the DBHS review period to be counted (see BQMO Specifications Manual).</p> <p>The Service Plan must be signed and dated by the following: Signed and dated by the BHR Signed and dated by the guardian (if applicable) Signed and dated by one staff member</p>	<p>A current Service Plan must be based on the Assessment and therefore dated on the same day as the Assessment, after the Assessment, or no more than five business days before the Assessment.</p> <p>The date of the Assessment is determined by the first signature date which must occur prior to the Service Plan BHR signature.</p> <p>If the Assessor is a BHP, the date of that BHP's signature is considered as the date of the Assessment.</p> <p>Any Service Plan completed more than five business days before the</p>	<p>The Service Plan is scored if the recipient has an open EOC. If the recipient fits the above criteria, but no Service Plan was submitted, it was not signed by the recipient/guardian AND one staff member, or it was not dated, all questions in this section are scored NO. The date of the Service Plan is based on the date of consumer signature. If the recipient has had an open EOC for less than 90 days, this section is scored NA.</p> <p>Please note that OBHL requires Service Plans to be updated every 6 months, at minimum, for</p>

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		Assessment will not be considered current as the Service Plan must be based on the Needs addressed in Assessment.	recipients designated as SMI.
5. What is required to pass the Behavioral Health Service Plan Performance Measure?	<p>There must be a current Assessment and Service Plan. The Service Plan must score yes on the following 4 points:</p> <p>Q1: The Service Plan is based on the current assessment.</p> <p>Q 4a: The Service Plan contains objectives to address the identified needs of the person/family.</p> <p>Q 5a: The Service Plan contains services based on the needs of the individual.</p> <p>Q 5b: The Service Plan lists the specific services and frequency of services to be provided to achieve the objective.</p>	If the Assessment OR Service Plan are not current, or any one or more of the 4 requirements are scored no, the record does not pass the Performance Measure.	
6. Can a Service Plan be updated without updating the Assessment?	Yes. As long as the needs identified in the assessment remain the same and are reflected in the Service Plan, a Service Plan can be updated without updating the Assessment.	Remember that Assessments must be completed annually, and if an Assessment is updated, the Service Plan must also be updated.	
7. Can an Assessment be updated without updating the Service Plan?	No. Every time an Assessment update occurs, a corresponding Service Plan must be completed.		
8. Are there different requirements for an Initial Assessment and an Annual Assessment?	As of 7/1/11, the Assessment Minimum Elements were rolled out in the Provider Manual section 3.9. These Minimum Elements are required in ALL assessments. DBHS does not mandate a form, or differentiate between Initial and Annual		

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	Assessments beyond the requirements of the Minimum Elements.		
9. How are the Assessment Minimum Elements scored?	If the required Element was completed in an appropriate field, the Element is scored "Yes".		
10. What is required to satisfy the Vital Signs Minimum Element on Assessments?	Blood pressure, pulse, temperature and weight.	These must be completed for all recipients on medication.	
11. Will a record pass the Service Plan Performance Measure if the recipient agreed to their Service Plan by phone?	No. A signature must be present on the Service Plan for it to be counted as a current document.		Ongoing outreach should be performed to gain the recipient's signature.
12. Do all of the Minimum Elements need to be contained in one Assessment document?	No. The Minimum Elements can be contained in several documents, but the main body of the Assessment must be signed by a BHP within 30 days of the Assessor's signature date.	The documents meeting the Minimum Elements must have been completed during the review period (12 months prior to the end date of the quarter being reviewed).	Example: For a children's record, a CASII is required. This document can be included in the submission of the documents for the Service Plan Performance Measure and will be scored accordingly. It can also be noted in the main body of the assessment.
13. Does the Service Plan have to be signed by the guardian (if applicable) as well?	Yes. The Service Plan is not considered complete if the guardian signature and date are not present (if applicable).	If the person/guardian does not sign on the identified signature line, their signature should be identified in the document.	
14. If the person completing the Assessment is a BHP, is an additional BHP signature necessary?	No. If the assessor is a BHP, their signature on the Assessment is sufficient.		
15. What happens if a need is	This should be noted on the Service Plan	In order for a record to pass the	As long as the Service Plan notes

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listed on the Assessment, but the recipient does not want to address the need?	(usually under the discharge planning section, or any convenient place for your Provider).	Service Provision Performance Measure, the Service Plan must be based on the Assessment. This means that the needs identified in the Assessment must be addressed on the Service Plan.	the recipient declines to address the need, the record will still pass the Performance Measure.
16. How often does the Assessment need to be updated?	DBHS and OBHL require the Assessment to be updated annually at minimum. Please check with your RBHA or Provider for any additional requirements.		
17. What documents are reviewed for the Behavioral Health Service Plan Performance Measure?	Each quarter, a sample of recipients from each GSA is pulled and sent to the RBHAs. The RBHAs must submit the most recent Assessment and Service Plan for the review period. Those are the two documents used to complete the Performance Measure.		
18. What is the difference between a Service Plan and a Treatment Plan?	The two terms are used interchangeably to indicate a plan of services or treatment to be provided to a recipient.		
19. If a recipient closed during the review quarter, will that record be reviewed?	Yes. The BQMO Specifications Manual states that clients eligible for this measure have a continuously open EOC on the first day of the review quarter and for at least 90 consecutive days during the 6 months prior, and have received an included service during the previous 6 months. Documentation of the closure date must be included in the review submission with the record. The review period will end on the recipient's closure date for purposes of the BHSP review.	Closure documentation is the official closure in the provider's data system, usually a demographic form.	See the BQMO Specifications Manual for more detail. Excluded services include transportation, lab, radiology, pharmacy, methadone, inpatient service, or crisis.

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20. If the Service Plan is not completed due to the Clinical Team being unable to reach the client, will progress notes count as justification?	Not for the BHSP review. To be considered complete, the Service Plan must contain the signature and date of the recipient/guardian.	Outreach is still required, but does not factor into this review.	
21. What are the requirements for an electronic signature?	Name, credentials, and date. Please refer to your RBHA or Provider's Policy for more detail.		
22. What if the guardian signature is in the wrong signature box? Would it count if we identify the signature as guardian?	Yes. As long as the signature is identifiable, it will count.		
23. If a BHR or a guardian signature is present but the date is not, would that count?	No, because it does not communicate to the reviewer when the action took place, whether it's an Assessment or a Service Plan. A signature is not valid without a date.		
24. If a guardian is not present for signature, can the child sign in his/her place if the child is 18 years of age?	If the child is 18 years of age or older, and has a legal guardian, the guardian must sign the Service Plan.		
25. Can the Child and Family Therapy (CFT) signature page be used as a signature page for the Service Plan?	Yes, but only if it is clearly identified as being associated with the Service Plan. All signatures must be dated on the CFT signature page.		